MEDICAL REPORT FORM FOR ARMY MEDICAL SURVEILLANCE SYSTEM

Name: *(Last, First, MI)*	**Grade:**	**SSN:**	**DOB:**	**Race:** ☐ Black ☐ White ☐ Asian ☐ Indian ☐ Other	**Date of Report:**
Unit:	**Duty Phone:**	**Home Phone:**	**Address:** *(Street, City, State, Zip)*		

CATEGORY CODES (check one)

- ☐ A11 - Army Active Duty
- ☐ N11 - Navy Active Duty
- ☐ M11 - Marine Corps Active Duty
- ☐ F11 - Air Force Active Duty
- ☐ C11 - Coast Guard Active Duty
- ☐ A22 - Army Reserve
- ☐ A23 - Army National Guard
- ☐ A31 - Army Retired
- ☐ N31 - Navy Retired
- ☐ M31 - Marine Corps Retired
- ☐ F31 - Air Force Retired
- ☐ C31 - Coast Guard Retired
- ☐ A41 - DEP Army Active Duty
- ☐ A43 - DEP Army Retired
- ☐ A45 - DEP Army Deceased
- ☐ N41 - DEP Navy Active Duty
- ☐ N43 - DEP Navy Retired
- ☐ N45 - DEP Navy Deceased
- ☐ M41 - DEP Marine Corps Active Duty
- ☐ M43 - DEP Marine Corps Retired
- ☐ M45 - DEP Marine Corps Deceased
- ☐ F41 - DEP Air Force Active Duty
- ☐ F43 - DEP Air Force Retired
- ☐ F45 - DEP Air Force Deceased
- ☐ C41 - DEP Coast Guard Active Duty
- ☐ C43 - DEP Coast Guard Retired
- ☐ C45 - DEP Coast Guard Deceased
- ☐ CIV - Civilian

Date of Onset:	**Diagnosis:**	**Diagnosis Confirmed:** ☐ YES ☐ NO

Method of Confirmation: ☐ SL-Slide ☐ CU-Culture ☐ BI-Biopsy ☐ SE-Serology ☐ CL-Clinical ☐ OT-Other	**Admitted:** ☐ YES ☐ NO	**Admission Date:**

Chemoprophylaxis: ☐ YES ☐ NO

MEDICATIONS : (*Chemoprophylaxis only. Check all that apply)* ☐ Amantadine ☐ Chloroquine ☐ Erythromycin ☐ Mefloquine ☐ Rifampin ☐ Ceftriaxon ☐ Doxycycline ☐ Isoniazid ☐ Primaquine ☐ Other

Pertinent Travel Out of Country: (List all countries)

Heat Injury Only:

WBGT: Rectal Temperature (max): Multi-System Involvement ☐ YES ☐ NO Previous Heat Injury ☐ YES ☐ NO

Cold Injury Only:

Ambient Temperature: Wind Chill: Body Part Affected: Previous Cold Injury ☐ YES ☐ NO

Report Completed By:

Name: Signature: Clinic:

Send Report VIA Courier or Fax to (301) 677-8422

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